EXAMPLE 1: COVER LETTER FOR A NEGOTIATED SHORT FORM WITH PUBLIC RATE (WITHOUT PROPRIETARY RATE FILING

JULY 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Group Name:

Apple Growers of Washington

Group Contract Number:

AGOWSF-06

Contract Effective Date: Overall rate change:

June 1, 2006 Increase 6.61%

Eligible Employees:

59

Enrolled Employees:

25

Total Enrollees:

31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master *Washington Carrier* contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary (WAC 284-43-950) is not included because the annual large group rate manual has been filed with your office on (date) and the rating methodologies for this group is included in that rating manual. (*Do not submit pages 8-5 through 8-8.*) The new monthly rates for this group, effective 6/1/06 are as follows: (Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEA	LTH MAIN	NTENANC	E ORGANI	ZATIOI	N TRANS	MITTAL
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	te Submitted	4. Proposed Effective Date			Yalus Sapar sa)ate	Initials
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	RNES@WACARRIER.COM	TO FILE NEGOTIATED S						
	ck all forms that apply to thi et. Please fill out columns A				st contract n	umbers	s, attach a	separate
		A			В			C
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13.	☐ Conversion							
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15.	☐ Other			 ;				
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10.	☐ Small Group Limited Schedule of Benefits							
	Group Application							
	☐ Member Application	-		***************************************				
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	☐ Certificate of Coverage							
	☐ Endorsement/Rider							
	☐ Benefit Brochure							
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17.	☐ Provider Agreement							
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		Contract #/Effective Date	e Pri	or Contract #	/Enective Date		te	
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	dard Master Contract Number (/06		
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8-18 Bet								tight (e.g.
ivego	tiated Endorsement/Rider Form #:				Contract Ce			;
[Please note tl	nat rate filings and form fi	lings must .	be submitte	d together for	r new pla	ans	

INS-1120 Revised 5/06 8-2

EXAMPLE 2-A: COVER LETTER FOR A NEGOTIATED SHORT FORM WITH PUBLIC RATE & A SEPARATE PROPRIETARY RATE FILING

JULY 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Group Name:

Apple Growers of Washington

Group Contract Number:

AGOWSF-06

Contract Effective Date:

June 1, 2006 Increase 6.61%

Overall rate change: Eligible Employees:

59

Enrolled Employees:

25

Total Enrollees

31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master Washington Carrier contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary is included pursuant to WAC 284-43-950. (See pages 8-7 through 8-8.) A copy of this letter is included for the separate proprietary rate filing. The new monthly rates for this group, effective 6/1/06 are as follows: (Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely.

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HE	ALTH N	IAINTEN	ANCE ORGANI	ZATION 1	RANSM	ITTAL
1. Co	ompany ID	2. Company Name		#. # 4.5°	Fo	r OIC Use Oi	ilv	
WAS	SHCOMPANY1234	WASHINGTON CARRIE	R		[] File ID	1] Analys	st
	te Submitted	4. Proposed Effective Dat	e			Date		Initials
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7. Ph		8. Fax #	10		proved			
(000) 000-0000	(000) 000-0000		Ackno	wledged			
9. E-l		10. Purpose of Filing			Tracking #			
	RNES@WACARRIER.COM	TO FILE NEGOTIATED						
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3116	et. Trease mi out columns A	-	you cn	CCN & DOX				
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11.	☐ Large Group Contract (51+)							
	☐ Small Group Contract (2-50)			-	,			
	☐ Group Application				4			
	☐ Member Application							
	☐ Certificate of Coverage							
	☐ Endorsement/Rider							
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}	Form B – Network Enrollment			,				•
-	GeoGraphic Network Report							
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	☐ Endorsement/Rider							
	☐ Benefit Brochure							
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17.	Provider Agreement		***************************************					
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Neg	otiated Contract Number: AGO	WSF-06		Effe	ective Date: 6/1/06	3		
Grou	ip Name: APPLE GROWERS OF W	/ASHINGTON		Group	Number: 00000			
Stan	dard Master Contract Number (short form filings only):	ABC123	-06 E	ffective Date: 1/1	/06		
	s Included in this Filing: Contra					Application		
		(Please list form n	umbers in	Section 22	attached)	•		
20. N	EGOTIATED ENDORSEMENT/RIDE	R (FOR FULLY NEGOTIATE	DCONTR	ACTS ONLY	. PLEASE COMPLE	TE FIELD 19	ABOVE.)	
Nego	tiated Endorsement/Rider Form #:		Chang	ges Apply to:	☐ Contract ☐ Ce	ertificate of C	Coverage	
	Please note th	nat rate filings and form	filings m	ust be sub	mitted together for	r new plans	;	

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EXAMPLE 2-B: COPY OF COVER LETTER FOR A NEGOTIATED SHORT FORM FOR THE PROPRIETARY RATE FILING

JULY 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name also),

CONTACT PHONE: (000) 000-0000

SUBJECT:

Group Name:

Apple Growers of Washington

Group Contract Number:

AGOWSF-06

Contract Effective Date:

June 1, 2006

Overall rate change: Eligible Employees:

Increase 6.61% 59

Enrolled Employees:

25

Total Enrollees

31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master Washington Carrier contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary is included pursuant to WAC 284-43-950. (See pages 8-7 through 8-8.) This letter is included for the proprietary rate filing. The new monthly rates for this group, effective 6/1/06 are as follows: (Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVIC		EALTH MA	INTENANCE	ORGANIZA	ATION TRAI	NSMITTAL
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	entact	6. Title		Reviewed			
	ELA BARNES	MANAGER, CONTRAC	TS	Withdrawn			
7. Ph		8. Fax #		Disapproved			
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40	☐ For-Public NEGOTIATED CONTRACT	JUNE 1, 2006		NE 1, 2005	· · · · · · · · · · · · · · · · · · ·	<u></u>	
	☐ Fully Negotiated ☐ Short-Form	☐ Employer ☐ Paperwork	│		ernment 🔲 erwork 🔲	Trust Paperwork	☐ Union☐ Paperwork
33,000	otiated Contract Number:] [] i apeiv		fective Date:	Faperwork	☐ Faperwork
	ıp Name:						
		- L			oup Number:		
	dard Master Contract Number (fective Date:		
Form	s Included in this Filing: Contra	ct Certificate of Cove (Please list form n	rage ∐ Group umbers in Sec	Application Lition 22 attached)	Enrollee Appli	ication	
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		nat rate filings and form			*		
		-	<u> </u>			-	

EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED

RATE SUMMARY

GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY (WAC 284-43-950)

Carri	ier Name	WASHINGTON CARRIER			
	Address	0000 ANY STREET			
		ANY TOWN, ANY STATE	00000		
Contract Hol	lder/Pool	⊠ Single Employer Gro	pup:		
Category at (Check C		Employer Name: AP	PLE GROWERS (A SINGLE EMPLOYER GROUP)		
		☐ Multiemployer other	than Association/Trust Groups		
		Group Pool Name:			
	***************************************	☐ Association/Trust Gr	oups		
		Association/Trust Gr	oup Name:		
Contract Form	Number	AGOW-06, 1/1/06			
Rate Form					
(if different from					
	Number) ict Name	APPLE GROWERS OF WA	CHINODON		
Produ	ici Name	APPLE GROWERS OF WA	POUTINGTON		
		·			
Rate Renewal	From:	6/1/06	To: 5/31/07		
Period:		,			
Date Submitted:	7/1/06				
Type of Filing ☐ New Group Contract ☐ Revision of Existing Group Contract (check one box):					

Rate Summary

Current Rate (Composite per employee or per member)	\$ 485.57 per member per month
Percentage Rate Change	6.61%
New Rate	\$ 517.66 per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	31 This group has 59 employees. Only 31 employees are enrolled.
Anticipated Loss Ratio	86.62%
Portion of carrier's total enrollment affected	0.01%
Portion of carrier's total premium revenue affected	0.01%

EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED RATE SUMMARY

Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From 1/1/05	From	From
	To 12/31/05	То	To
Member Months	372		
Billed Premium	\$180,632.04		
Incurred Claims	\$151,730.88		
Expenses	\$27,094.81		
Gain/Loss	-\$1,806.35		
Experience Refund/Credit or Recoupment	\$-0-		
Earned Premium (Billed Premium - /.+ Refund/Credit or Recoupment)	\$180,632.04		
Loss Ratio Percentage	84.0%		

Comments or addit	Comments or additional information.			
Preparer's Informa	tion			
Name:	JOE SMITH			
Title:	UNDERWRITING MANAGER			
Telephone Number:	(000) 000-0000			